



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Walk C
Name of provider:	Walkinstown Association For People With An Intellectual Disability CLG
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	08 August 2019
Centre ID:	OSV-0003406
Fieldwork ID:	MON-0022525

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Walk C comprises three residential services and aims to support residents to live socially inclusive lives. Two of the houses in the centre aim to deliver a service for those with dementia. The needs of each person are individual and are captured in detail in their care plan. Staff are trained to support each person living in the house and ensure the identified goals in the care plan are being worked on. The houses are equipped with individual bedrooms, shared kitchen, living and dining spaces, bathrooms and gardens. There is access to the local community and leisure facilities such as pubs, cafés, fitness centres and churches.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

6

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
08 August 2019	09:30hrs to 17:30hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with two of this six residents who lived in the centre at the time of the inspection, as well as a family member of one resident. Residents' views and feedback was also gathered through residents' questionnaires, which were completed by all six residents.

Residents spoke very positively of their homes, the facilities, and the staff support they received. Residents expressed that they were satisfied with how they contributed to the running of their homes, and felt they had the appropriate support to maximise their independence. Residents were knowledgeable of their care and support plans, as well as the systems in place to make complaints, and safeguard residents.

The residents shared that they had sufficient support to avail of opportunities for recreation and leisure, and described various clubs and services that they enjoy using in their community. The inspector observed that residents appeared comfortable in their homes, and that staff engagement was respectful and responsive. Some residents told the inspector that they were very happy with the arrangements to have visitors in their home, and that their friends and family were always welcome to visit them.

One resident expressed that they would like if the trees in the back garden could be trimmed back to allow better sunlight in the garden, and told the inspector that the provider was working on this issue.

## Capacity and capability

Overall, the provider demonstrated that they had the capacity and capability to provide a safe and person-centred service to residents. There were effective governance and management arrangements in place that facilitated quality care that was directed by residents, and responsive to changing needs. Furthermore, the provider had systems in place to ensure continued quality enhancement. The inspector found that action was required in relation to the application for renewal of registration, and the statement of purpose, however the inspector acknowledges that these areas of non-compliance related only to documentation, with some being addressed on the day of inspection. The provider had appropriate insurance in place.

The provider had ensured that there were sufficient staff, with the appropriate skills

and experience, to meet the assessed needs of residents. There was a health-care coordinator available, who was a registered nurse, to support residents' health care needs. There was a planned and actual roster maintained by the person in charge, that outlined the staffing arrangements for each of the houses within the centre, which accurately reflected the arrangements in place. There were measures in place to ensure that residents received continuity of care, including contracted relief staff, and comprehensive induction arrangements.

There were arrangements in place to ensure that staff received the training required to deliver a safe service to residents, with a schedule of training made available to staff. The provider had ensured staff received training in areas such as fire safety and safeguarding, as well as training in areas specific to residents needs, such as dementia care. The inspector found that the management structure facilitated supervision of staff that was appropriate to their roles, and there was a schedule of formal supervision meetings in place.

The management structure in place had clearly defined roles and responsibilities, and lines of accountability; the person in charge, who was supported in their role by a number of local team leaders, reported to a director of residential care. Staff spoken with on the day of inspection were clear in their responsibilities and expressed that they felt the structure in place supported them to raise issues, and that areas requiring improvement were addressed quickly.

The provider had carried out an annual review of the quality and safety of the centre, and had conducted six-monthly unannounced visits to the centre, which generated improvement plans where appropriate. The inspector found that the provider had complied with an additional condition of registration from the current period of registration, with regard to the provision of emergency lighting. Overall, the inspector found that the provider demonstrated a culture of continuous quality improvement, and that the structures in place facilitated adequate oversight of the quality of care and support received by residents.

There was a complaints policy, and associated procedures in place. There was an identified complaints officer, who was responsible for managing complaints. While there were no complaints open at the time of inspection, residents spoken with were knowledgeable of the process, and spoke about complaints they had made in the past, with satisfactory outcomes.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full application to renew the registration of the centre. Further information was required in relation to the building compliance and the lease arrangements of one of the units of the centre.

Judgment: Substantially compliant

### Regulation 15: Staffing

There were sufficient staff, with appropriate skills and experience, to meet the assessed needs of residents. The person in charge maintained a roster that accurately reflected the staffing arrangements.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had arrangements in place to identify and meet the training and development needs of staff. The inspector found that staff were appropriately supervised; there were formal supervision meetings occurring at scheduled intervals, and the organisational structure ensured that staff were supervised by a local manager.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that there was a contract of insurance in place against risks in the designated centre, such as loss or damage to property, and injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure, that identified roles and responsibilities for service provision. The provider had implemented management systems to oversee and monitor the quality and safety of the service received by residents. There were systems in place to ensure that the service appropriately met the assessed needs of residents.

The provider had carried out six-monthly unannounced visits to the centre, which informed a report on the quality and safety of the service, and an action plan was

developed to address any areas requiring improvement. An annual review had been conducted, and was made available to the inspector.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose, that was reviewed at regular intervals. While the statement of purpose contained most of the information required by Schedule 1 of the regulations, further information was required in relation to the specific care and support needs that the designated centre is intended to meet. The information related to the provision of facilities for day care was not reflective of the arrangements in the centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy, and associated procedures in place, including accessible versions for residents. There was a nominated complaints officer. There were no open complaints at the time of the inspection, however residents spoken with were knowledgeable of the complaints process, and discussed previous complaints that they had made.

Judgment: Compliant

## Quality and safety

It was found that the care and support provided to residents was of a high quality, directed by residents themselves, and effectively overseen to promote safe and person centred care. The systems in place were ensuring that residents' needs were comprehensively assessed and responded to appropriately, with residents at the centre of decisions about their care. The inspector found that the provider had implemented all actions from the previous inspection. There were some improvements required in the area of medicines, premises and health care, however, overall it was found that health care needs were well managed.

There were various assessments and plans in place for each person living in the centre, which identified areas of support and outlined clear plans and guidance to meet any identified needs. Residents had support plans in place for areas such as



communication, well-being, health care, and relationships. Residents spoken with were knowledgeable of their support plans, and expressed that they were satisfied with the support they received.

Residents were facilitated to avail of opportunities for recreation and leisure in their local communities, and spoke to the inspector about various clubs and groups they participated in, such as choirs and bingo. Residents were also supported to engage in preferred hobbies and interests in their homes. The provider had ensured that each resident had access to facilities and opportunities for education and development, in accordance with residents abilities and preferences; for example some residents attended day services, and some had personal development plans in place facilitated by staff in the centre.

The inspector reviewed the health care assessments and plans of a number of residents, and found that health care needs were comprehensively assessed and that there were clear and informative plans in place. Residents had access to a general practitioner of their choice, and attended for health reviews on at least an annual basis. This review contributed to the assessment of health care needs, which was overseen by an appropriate health care professional within the organisation.

The inspector found that there were health care plans in place for any need identified, and that residents were accessing a range of allied health professionals to support their health care management, such as chiropodists, speech and language therapists, and psychologists. It was also found that the provider had ensured that additional support was provided to residents in times of illness, with staffing arrangements adapted to meet any changing needs. While it was found that overall residents health care needs were well managed, the provider did not demonstrate, in the case of one resident, that they had received appropriate information and had given informed consent to opt out of a health screening programme.

The provider had carried out the action required from the previous inspection in relation to storage of medicines, and the inspector found that medicines were securely stored in the centre, with appropriate arrangements for the disposal of out of date or unused medicines. It was found that there was a schedule of audits in place to ensure that medicines were stored and administered appropriately. A review of records found that there was clear guidance on how residents medicines were to be administered, however the inspector found that some medicines prescribed to residents as PRN (medicine to be taken as the need arises) were not available in the centre, and therefore could not be administered as prescribed, or outlined in health care plans. Although in the case of these medicines, the residents had not required the medicines regularly, the arrangements in place did not facilitate medicine being administered as prescribed.

There were supports in place to residents who required assistance in managing their emotional well being, mental health or behaviour. The inspector found that well being plans identified any support residents may need in relation to positive behaviour support, and made efforts to alleviate any cause of residents behaviour that may impact negatively on themselves or others. The provider had developed systems to promote a restraint free environment. Potential restrictions to residents

rights were recognised, and measures put in place to ensure any restriction was subject to risk assessment, had the informed consent of residents, and was overseen by a monitoring group outside of the centre.

There were appropriate arrangements in place to promote the safety and protection of residents. All staff were required to attend training in safeguarding, which the provider made available. Any potential safeguarding concern was investigated and addressed appropriately, and there were safeguarding plans in place where necessary. Residents were supported to develop the knowledge and skills necessary to promote self care, and one resident spoken with discussed in detail the measures in place to protect them from a potential safeguarding risk.

The provider had implemented the actions from the previous inspection in relation to risk management. All identified risks were assessed, and records of current risks were maintained electronically on a risk register. The person in charge and staff demonstrated an awareness and understanding of risks within the centre, and appropriate control measures were in place to ensure that residents received safe care, and could take positive risks where they chose to.

The inspector found that all of the premises within the centre were designed and laid out to meet the needs of residents, although the provider had identified that the experience of a number of residents could be improved by moving to another premises, and had plans in place to implement this change in the future. In general, the premises were well maintained, however improvement was required in relation to general housekeeping, and some items of furniture required replacing or restoration.

There were adequate measures in place to manage the risk of fire, with appropriate containment measures, fire fighting equipment, and alarm systems in place. The provider had installed emergency lighting in each premises, as required by a condition of registration. Residents engaged in fire drills, and records viewed by the inspector showed that residents could evacuate the premises in the event of a fire or other emergency.

## Regulation 12: Personal possessions

The provider had satisfactorily implemented the actions from the previous inspection with regard to this regulation.

Judgment: Compliant

## Regulation 13: General welfare and development

The provider had ensured that residents were provided with appropriate care and

support, with regard to residents' assessed needs and own preferences. Residents had access to facilities for occupation and recreation, and had opportunities to participate in a range of activities in accordance with their interests and abilities.

Judgment: Compliant

### Regulation 17: Premises

The layout and design of each of the premises was appropriate to meet the needs of residents. Residents spoken with were happy with the facilities in their homes. While each house was generally well maintained, with arrangements in place to address maintenance issues, a number of premises required improvement in decor and housekeeping; some furniture was observed to be damaged and there was heavy dust in some areas.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had adequately implemented the actions from the previous inspections compliance plan. There was an active risk register in place, and risks were well identified with appropriate control measures in place. There were risk management arrangements in place as detailed in the providers own risk management policy.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had carried out the actions contained in the centres conditions of registration, and there was appropriate emergency lighting installed throughout the centre. There were fire safety arrangements in place, including fire fighting equipment and containment measures. Residents took part in fire drills, and there was evidence that learning from drills informed the management of risk in this area.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that the provider had satisfactorily implemented the actions outlined in the previous compliance plan; there were appropriate storage arrangements in place for medicines, and there was a schedule of audits to oversee the management of medicines in the centre. There were arrangements in place to ensure that residents received medicines as prescribed, however it was found that some medicines prescribed to be administered as the needs arise, were not held in stock, and could not be administered as prescribed on the residents prescription record sheet.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents health care needs were comprehensively assessed, and there were plans in place to address any identified health care need. Residents had access to a range of allied health professionals, appropriate to their needs, and it was found that recommendations of health care professionals and specialists were facilitated and implemented. Residents had access to a general practitioner of their choice, and acute health care needs were addressed promptly. While some residents availed of National health screening programmes, it was not evident that one resident had been supported to give informed consent to opt out of a screening programme.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

There were support plans in place for residents who required support in this area. The provider demonstrated good recognition of restrictive practice, and promoted a restraint free environment, with any potential restriction to residents rights evaluated, risk assessed and monitored by an external group.

Judgment: Compliant

### Regulation 8: Protection

There were adequate arrangements in place to respond to any allegations or suspicions of abuse. The provider had ensured staff received training in this area, and there were safeguarding plans in place, which outlined appropriate control measures for any identified risks.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Walk C OSV-0003406

Inspection ID: MON-0022525

Date of inspection: 08/08/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: All requirements to be forward by 30-09-19	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose amended and forwarded to registration@hiqa 7-10-19  Revised Statement of Purpose to be given to residents and made available to family members by 31-10-19	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Finding in HIQA report to be presented and discussed at the next available staff team meeting no later than 31-10-19	



All house cleaning schedules to be reviewed at that meeting so ensuring adequate cleaning and accountability 31-10-19

Individual houses to identify improvements in décor and furniture that requires replacement by 31-10-19

PIC to identify priority improvements and address in so far as 2019 budgets allow by 15-11-19

PIC to make representation for any additional identified improvements through 2020 budgeting process 30-11-19

Replace furnishings as dictated by budget in quarter 1 2020 – 31st march 2020

Highlight any outstanding gaps to HSE with request for additional funding 30-11-19

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Each service notified that each resident must have all medication including PRN medication available to them in their home 30-9-19

Each Team leader to confirm the presence of all medication including PRD medication by 31-10-19

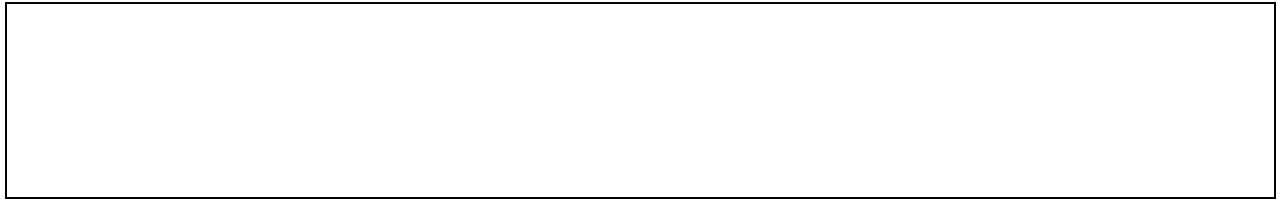
PIC to confirm through internal medication audit to be carried out by 30-11-19

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: With support of the Health Care Coordinator audit all residents in WALK C against access National Health Screening Programmes by 31-10-19

If there is evidence of National Screening Programmes not availed PIC to interrogate the reasons why and action accordingly. Where the person may have opted out ensure that they have been supported to give informed consent – 30-11-19



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(3)(c)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by evidence that the designated centre complies with the Planning and Development Acts 2000-2013 and any building bye-laws that may be in force.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	21/03/2020
Regulation	The registered	Substantially	Yellow	31/10/2019

17(1)(c)	provider shall ensure the premises of the designated centre are clean and suitably decorated.	Compliant		
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/11/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2019
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	30/11/2019

